



41 3738

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/943,910 Confirmation No.: 2364
Applicant : J. Stuart Cumming
Filing Date : August 31, 2001
Title : INTRAOCULAR LENS WITH FIXATED HAPTICS
Group Art Unit : 3738
Examiner : Kamrin R. Landrem
Docket No. : 13533.4030
Customer No. : 34313

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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AUG 17 2004
TECHNOLOGY CENTER 3700

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment in the above-identified application in connection with the Office Action dated April 9, 2004.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input checked="" type="checkbox"/> one month	\$55.00	\$110.00
<input type="checkbox"/> two months	\$210.00	\$420.00
<input type="checkbox"/> three months	\$475.00	\$950.00
	Fee	\$55.00

☒ If an additional extension of time is required, please consider this a petition therefor.

08/11/2004 27JUN201 00000001 150565 09943910
01 FC:2251 55.00 DA

CERTIFICATE OF MAILING
37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: August 6, 2004

Jodie Davis
Jodie Davis

Applicant : J. Stuart Cumming
Appl. No. : 09/943,910
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Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$0.00

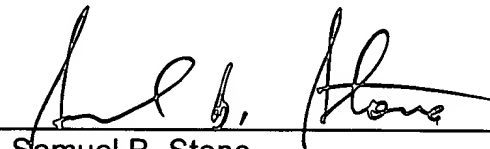
- A. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.
B. ☐ Payment Enclosed
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

Total Claims	13	-	29	=	0	x	\$18.00	\$0.00
Independent Claims	3	-	3	=	0	x	\$86.00	\$0.00
Multiple Dependent Claims	\$290.00	(if applicable)	<input type="checkbox"/>					\$0.00
TOTAL OF ABOVE CALCULATIONS								\$0.00
Reduction by 1/2 for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28. <input type="checkbox"/>								\$0.00
Extension of Time (from above)								\$0.00
Assignment -- \$40 (if applicable) <input type="checkbox"/>								\$0.00
TOTAL FEES SUBMITTED HERewith								\$0.00

Respectfully submitted,

Dated: August 6, 2004

By:


Samuel B. Stone
Reg. No. 19,297

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